Attachments

<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	268009
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<140>	Coverage and Performance Report Year	01/2016 - 12/2016

Certify that **Total Road** Coverage and Road Miles Resident **Total Resident** Miles Performacne Road Miles per Census Population Population covered per Resident data is uploaded Newly Reached by Service Block Newly Census Block Population per Reached by per Census (yes/no) Reached Census Block Service Block Census Block State County Jackson T21109960300 196.59 Yes 0 258.67 196.59 KY

> Percentage of Total Population Reached by Service

_			
0			

Percentage of Total Road Miles covered by Service

76		

East Kentucky Network, LLC

Project Status Description

Pursuant to Section 54.1009(a)(6) of the Commission's rules, ¹ East Kentucky Network, LLC ("EKN") submits that there is no material updates to its project description, included the projected budget, associated with this Study Area Code ("SAC") that was provided by EKN in its long-form application (the "FCC Form 680") filed in conjunction with its Auction 901 winning bids.

To date, EKN has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).

	Fund - §54.1009 Annual Reporting lection Form		Avg. Burd	FCC Form Approved by OMB OMB 3060-1185 en Estimate per Respondent: 18 Hours
<010>	Study Area Code	268010		
<015>	Study Area Name	East Kentucky Network, LLC		Accepted / Filed
<020>	Program Year	2017		IIIN 1
<030>	Contact Name: Person USAC should contact with questions about this data	Todd Slamowitz		Federal Communications Commission Office of the Secretary
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7035848678 ext.		Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	tslamowitz@fcclaw.com		
<040>	Has the information required pursuant to §54.1009 <041> Attach a description of the documents file <042> Cite the Study Area Code (SAC) for the Fo	ed with the Form 481 reporting	(041> <042> <042>	•
<080>	Tribal Lands Reporting (y/n?) (Does this study area covered to the stu	er tribal lands? Yes or No)	0	•

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

Colin Study Area Code 2003:0	(050) Can	rier Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185
					Page 2 of 8
	<010>	Study Area Code		268010	
GORDON Contact Name Person USAC should contact regarding this data Todd Stamport	<020>				
Contact Email Address - Email Address of person identified in data line <030>	<030>	Contact Name - Person USAC should contact regard	ding this data		
Action Carrier Mobility Fund Phase 1 Winning Bidder 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 1786607 178660				7035848678 ext.	
Contact Information Inform	<039>	Contact Email Address - Email Address of person id	lentified in data line <030>	tslamowitz@fcclaw.com	
Filing Carrier Name	Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
State Fast	<110>	FCC Registration Number	1786607		
101 Technology Trail Technology Trail	<111>	Filing Carrier Name	East Kentucky Netwo	ork, LLC	
13 Street Address (or PO Box)	<112>	Winning Bidder Carrier Name	East Kentucky Netwo	ork, LLC	
Clip	<113>	Street Address (or PO Box)			
116	<114>	City			
Contact Information Family Address Contact Information Contact Info	<115>	State	ку		
Contact Information	<116>	Zip-Code			
Contact Information If same as above, indicate in this box 1120 Name (First, M), Last, Suffix) 1212 Street Address (or PO Box) 1213 City 1214 State 1215 Fellophone Number 1216 Semail Address 1217 Fax Number 1218 Email Address 1218 Email Address 1219 Email Address 1210 Manuel (First, M), Last, Suffix) 1210 Todd Slamowitz 1210 Street Address (or PO Box) 1210 Todd Slamowitz 1210 Street Address (or PO Box) 1210 Todd Slamowitz 1210 Street Address (or PO Box) 1210 Todd Slamowitz 1210 Street Address (or PO Box) 1211 Todd Slamowitz 1212 Street Address (or PO Box) 1213 City 1213 Street Address (or PO Box) 1215 Street Address (or PO Box) 1216 Street Address (or PO Box) 1217 Street Address (or PO Box) 1218 Street Address (or PO Box) 1219 Street Address (or PO Box) 1210 Street Addr	<117>	·			
Contact Information If same as above, indicate in this box	<118>	Fax Number			
Contact Information If same as above, indicate in this box <1210> Name (First, MI, Last, Suffix) Althorized Agent Information If no agent, indicate in this box Authorized Address (or PO Box) Authorized Agent Information If no agent, indicate in this box 1313> City 1324> Street Address (or PO Box) Authorized Agent Information If no agent, indicate in this box 1325> Company 1325> Street Address (or PO Box) 1326 Street Address (or PO Box) 1327 Fax Number 1328 Street Address (or PO Box) 1329 Street Address (or PO Box) 1330 City 1340 State 1350 Telephone Number 1350 Telephone Number 1350 Telephone Number 1350 Telephone Number 1351 State 1352 Telephone Number 1353 Telephone Number 1354 State 1355 Telephone Number 1356 Telephone Number 1357 Michael Huffman 1361 East Kentucky Network, LLC 1362 Telephone Number 1363 Telephone Number 1364 State 1365 Telephone Number	<119>	Email Address	6067912225		
if same as above, indicate in this box <120> Name (First, MI, Last, Suffix) <121> Filing Carrier Name <122> Street Address (or PO Box) <123> City <124> State <125> Zip-Code <126> Telephone Number <127> Fax Number if no agent, indicate in this box <130> Name (First, MI, Last, Suffix) <131> Company <132> Street Address (or PO Box) <131> Company <132> Street Address (or PO Box) <133> City <134> State <135> Zip-Code <135> Zip-Code <135> Zip-Code <136			mhuffman@ekn.com		
<127> Fax Number <128> Email Address Muthorized Agent Information if no agent, indicate in this box <130> Name (First, MI, Last, Suffix) <131> Company <132> Street Address (or PO Box) <133> City <134> State <135> Zip-Code <136> Telephone Number <1066 <1070 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087 <1087	<120> <121> <122> <123> <124>	if same as above, indicate in this box Name (First, MI, Last, Suffix) Filing Carrier Name Street Address (or PO Box) City State	East Kentucky Netwo 101 Technology Trai Ivel KY		
4127> Fax Number 4128> Email Address Authorized Agent Information if no agent, indicate in this box 4130> Name (First, MI, Last, Suffix) 4131> Company 4132> Street Address (or PO Box) 4133> City Tysons 4134> State 4135> Zip-Code 4136> Telephone Number 6067912225 mhuffman@ekn.com mhuffman@ekn.com hhuffman@ekn.com 104 Slamowitz 104 Slamowitz 105 Sachs, LLP 1200 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 12102 </td <td><126></td> <td>Telephone Number</td> <td>6068747550 ext.</td> <td></td> <td></td>	<126>	Telephone Number	6068747550 ext.		
Authorized Agent Information if no agent, indicate in this box <130> Name (First, MI, Last, Suffix) <131> Company Lukas, LaFuria, Gutierrez & Sachs, LLP <132> Street Address (or PO Box) <133> City Tysons <134> State VA <135> Zip-Code <136> Telephone Number Todd Slamowitz Todd Slamowitz Lukas, LaFuria, Gutierrez & Sachs, LLP **Todd Slamowitz **Todd Slamow	<127>	Fax Number			
if no agent, indicate in this box <130> Name (First, MI, Last, Suffix) <131> Company Lukas, LaFuria, Gutierrez & Sachs, LLP <132> Street Address (or PO Box) 3300 Greensboro Drive, Suite 1200 Tysons <134> State VA <135> Zip-Code 2102 <136> Telephone Number 7035848678 ext.	<128>	Email Address			
<131> Company Lukas, LaFuria, Gutierrez & Sachs, LLP <132> Street Address (or PO Box) 8300 Greensboro Drive, Suite 1200 <133> City Tysons <134> State VA <135> Zip-Code 22102 <136> Telephone Number 7035848678 ext.	Authorized				
<132> Street Address (or PO Box) 8300 Greensboro Drive, Suite 1200 <133> City Tysons <134> State VA <135> Zip-Code 22102 <136> Telephone Number 7035848678 ext.	<130>	Name (First, MI, Last, Suffix)	Todd Slamowitz		
<133> City Tysons <134> State VA <135> Zip-Code 22102 <136> Telephone Number 7035848678 ext.	<131>	Company	Lukas, LaFuria, Guti	ierrez & Sachs, LLP	
<134> State VA <135> Zip-Code 22102 <136> Telephone Number 7035848678 ext.	<132>	Street Address (or PO Box)	8300 Greensboro Driv	ve, Suite 1200	
<135> Zip-Code 22102 <136> Telephone Number 7035848678 ext.	<133>	City	Tysons		
<135> Zip-Code 22102 <136> Telephone Number 7035848678 ext.	<134>	State	VA		
<136> Telephone Number 7035848678 ext.	<135>	Zip-Code	-		
	<136>	Telephone Number			***************************************
		·			
<138> Email Address tslamowitz@fcclaw.com				om.	

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(060) Coverage and Performance R	eport	FGC For	m 690
			ed by OMB introl No. 3060-1185
		Page 3 c	

<010>	Study Area Code	268010
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<140>	Coverage and Performance Report Year 01/2016 - 12/2016	

Coverage and Performace attachments

268010_Combined Zip Files_KY.zip, 268010_CPRe_PropStudy_KY.zip, SAC268010_EKN Undriveable Road explanation.zip

<141>	<31>	≾a2>		& ch1>	Resident	Total Resident	Road Miles	Road Miles per Census	Total Road Miles covered	Certify that Coverage and Performance data
	State	County	1	Population per	Population Newly Reached by Service	Population Reached by Service	per Census Block	Block Newly Reached	per Census Block	is uploaded (Yes/no)
				9	ee attach	ed worksl	neet			
										

	°		91	
Percentage of Total Population Reached by		Percentage of Total Road Miles covered		
Service		by Service		

Page 4 of 8

<010>	Study Area Code	268010
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
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<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of	Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)
I certify that I am an officer or employee of the reporting ca form and in any attachments is accurate.	rrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can	be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

certify that (Name of Agent) Lukas, LaFuria, Gutierrez & Sachs,	my responsibilities include ensuring compliance with 47 CFR 854 1009(a)(4) reported to the
Name of Authorized Agent: Lukas, LaFuria, Gutier	
Name of Reporting Carrier: East Kentucky Network,	
Signature of Authorized Officer or Employee: CERTIFIED ONLINE	Date: 06/13/2017
Printed name of Authorized Officer or Employee: Michael Huffman	50cc. 00/13/2011
Title or position of Authorized Officer or Employee: Financial Operat	Director
Telephone number of Authorized Officer or Employee: 6068747550 ext.	
Study Area Code of Reporting Carrier: 268010	Filing Due Date for this form: 07/03/2017
Persons willfully making false statements on this form can be punished by under Title 1	forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment le United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Author	orized to File Compliance with 47 CFR §54.10	09(a)(4) on Behalf of Reporting Carrier
, as agent for the reporting carrier, certify that I am aut data provided by the reporting carrier; and, to the best (norized to submit the certification on behalf of the roff my knowledge, the information reported herein is	eporting carrier; I have provided the data reported herein based or accurate.
Name of Reporting Carrier:	East Kentucky Network, LLC	
ame of Authorized Agent Firm:	Lukas, LaFuria, Gutierrez & Sachs, LLP	
ignature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE	Date: 06/12/2017
ame of Authorized Agent Employee:	Todd Slamowitz	20001 00/10/2021
tle or position of Authorized Agent or Employee of Ager		
elephone number of Authorized Agent or Employee of A	gent: 7035848678 ext.	
tudy Area Code of Reporting Carrier: 268010	Filing Due Date for this fo	rm: 07/03/2017

(080) Trii	pal Lands Reporting			and the second	CCForm 690 Approved by OM8 DMB Control No. 3060-1185 Tage 5 of 8	
-010·			The second secon			14451111165
<010> <015>	Study Area Code Study Area Name	-	268010			
<020>			East Kentucky Ne	twork, LLC		
<030>	Contact Name - Person USAC should contact regarding t	his data	2017 Todd Slamowitz			
<035>	Contact Telephone Number - Number of person identifie	ed in data line	<030> 7035848678 ext			_
<039>	Contact Email Address - Email Address of person identifi	ed in data line	<030> tslamowitz@fcclaw	, com		
<142>	State					
					<u> </u>	
<143>	County					
<144>	Tribal Land(s) on which ETC Serves					
	_					
					7	
<145>	Tribal Government Engagement Obligation					
		Name of Attached	d Document (.pdf)	-	_	
	If your company serves Tribal lands, please select (Yes, No	. Not Amuliania	dal fau			
	each of these boxes to confirm the status described on th	o, Not Applicat e attached	не) тог			
	PDF, on line 145, demonstrates coordination with the Tri	bal				
	government pursuant to § 54.1004 includes:					
				7		
			Select			
<146>	Needs assessment and deployment planning with a focus	a a Taibal	(Yes, No, Not Applicable)			
	community anchor institutions;	on Iribai				
<147>	Feasibility and sustainability planning;					
<148>	Marketing services in a culturally sensitive manner;					
<149>	Compliance with Rights of way processes					
<150>						
	Compliance with Land Use permitting requirements					
<151>	Compliance with Facilities Siting rules					
<152>	Compliance with Environmental Review processes					
<153>	Compliance with Cultural Preservation review processes					
<154>	Compliance with Tribal Business and Licensing requiremen	its.				

090) Projec	t Update Information	FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185
		Page 6 of 8
		roge vicin o
<010>	Study Area Code	268010
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	
<200>	Date Authorized to Receive Support	07/18/2013
<201>	Targeted Completion Date	07/19/2015
<202>	Total Mobility Fund Support Awarded	
<203>	Total Mobility Fund Support Disbursed	
	and support side different side diff	
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	EKN_PSD_Line 211_KY.pdf
		(1)
	Please check these boxes below to confirm that the attached PDF, on line	{Name of PDF attached}
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	
<213>	Status of Network Deployment - Construction	<u> </u>
<214>	Status of Network Deployment - Deployment	✓
<215>	Status of Network Deployment - Maintenance	<u> </u>
<216>	Project Budget Status	<u> </u>
<217>	Project Plan Status	<u> </u>
<218>	Network will Support 3G/4G Mobile Service ?	3G O 4G

(101) Certification - Reporting Carrier	FCC Form 690
	Approved by OMB OMB Control No. 3060-1185
	Page 7 of 8

<010>	Study Area Code	268010
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier:

Signature of Authorized Officer:

Date

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier:

Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Approved by OMB OMB Control No. 3060-1185 Page 8 of 8

<010>	Study Area Code	268010
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<u><0</u> 30>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
_<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
	Contact Email Address - Email Address of person identified in data line <030>	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier certify that (Name of Agent) Lukas, LaFuria, Gutierrez & Sachs, LLP is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. Name of Authorized Agent: Lukas, LaFuria, Gutierrez & Sachs, LLP Name of Reporting Carrier: East Kentucky Network, LLC CERTIFIED ONLINE Signature of Authorized Officer: Date: 06/13/2017 Printed name of Authorized Officer: Michael Huffman Title or position of Authorized Officer: Financial Operations Director Telephone number of Authorized Officer: __6068747550_ext.1164 Study Area Code of Reporting Carrier: 268010 Filing Due Date for this form: 07/03/2017 Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of F	Reporting Carrier
I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on beh reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information repo	alf of the reporting carrier; I have provided the data rted herein is accurate.
Name of Reporting Carrier: East Kentucky Network, LLC	
Name of Authorized Agent Firm: Lukas, LaFuria, Gutierrez & Sachs, LLP	
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date: 06/12/2017
Name of Authorized Agent Employee: Lukas, LaFuria, Gutierrez & Sachs, LLP	9866. 00/12/2017
Title or position of Authorized Agent or Employee of Agent FCC Legal Counsel	
Felephone number of Authorized Agent or Employee of Agent: 7035848678 ext.	
study Area Code of Reporting Carrier: 268010 Filing Due Date for this form: 0°	7/03/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1 18 of the United States Code, 18 U.S.C. § 1001.	934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	268010
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<140>	Coverage and Performance Report Year	01/2016 - 12/2016

<141>

<a1></a1>	G23×	435	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
ку	Letcher	T21133950100	0	0	0	17.47	15.9	15.9	Yes
		-							
				-,-					
					·				
-									
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Percentage of
Total Population
Reached by
Service

0			

Percentage of Total Road Miles covered by Service

	-	

East Kentucky Network, LLC Project Status Description

Pursuant to Section 54.1009(a)(6) of the Commission's rules, ¹ East Kentucky Network, LLC ("EKN") submits that there is no material updates to its project description, included the projected budget, associated with this Study Area Code ("SAC") that was provided by EKN in its long-form application (the "FCC Form 680") filed in conjunction with its Auction 901 winning bids.

To date, EKN has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).

	Fund §54.1009 Annual Reporting lection Form		Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
	Study Area Code	268011	Accepted / Filed
	Study Area Name	East Kentucky Network, LLC	
	Program Year	2017	JUN 142017
	Contact Name: Person USAC should contact with questions about this data	Todd Slamowitz	Federa l Communications Commission Office of the Secr etary
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7035848678 ext.	
<039>	Contact Email: Email of the person identified in data line <030>	tslamowitz@fcclaw.com	
<040>	Has the information required pursuant to §54.1009 <041> Attach a description of the documents fill <042> Cite the Study Area Code (SAC) for the Fo	led with the Form 481 reporting	1 <040>
<080>	Tribal Lands Reporting (y/n?) (Does this study area co	ver tribal lands? Yes or No)	○ ●

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carrl	er Contact Form			FCC Form 690
				Approved by OMB
				OMB Control No. 3060-1185
				Page 2 of 8
	Children Code		268011	
<010> <015>	Study Area Code Study Area Name		East Kentucky Network, LLC	
<020>	Program Year		2017	
<030>	Contact Name - Person USAC should contact regarding t	his data	Todd Slamowitz	
<035>	Contact Telephone Number - Number of person identifi	ed in data line <030>	7035848678 ext.	
<039>	Contact Email Address - Email Address of person identif	ied in data line <030>	tslamowitz@fcclaw.com	
	o / sachille, Fund Dhose 4 Minning Sidder			
	Carrier / Mobility Fund Phase 1 Winning Bidder	1786607		_
<110>	FCC Registration Number		rk IIC	
<111>	Filing Carrier Name	East Kentucky Netwo		
<112>	Winning Bidder Carrier Name	East Kentucky Netwo		
<113>	Street Address (or PO Box)	101 Technology Trai	1	
<114>	City	Ivey		
<115>	State	ку		
<116>	Zip-Code	41642		
<117>	Telephone Number	6068747550 ext.		
<118>	Fax Number	6067912225		
<119>	Email Address	mhuffman@ekn.com		
		miturimanie kir. com		
	fation			
Contact In	if same as above, indicate in this box			
<120>	Name (First, MI, Last, Suffix)	wishes the female		
<121>	Filing Carrier Name	Michael Huffman East Kentucky Network	rk. LLC	
<122>	Street Address (or PO Box)	101 Technology Trail		
<123>	City	Ivey		
<124>	State	ку		
<125>	Zip-Code	41642		
<126>	Telephone Number	6068747550 ext.		
<127>	Fax Number	6067912225		
<128>	Email Address	mhuffman@ekn.com		
Authorize	ed Agent Information			
Authorize	if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)	Todd Slamowitz		
<131>	Company	Lukas, LaFuria, Gut	ierrez & Sachs, LLP	
<132>	Street Address (or PO Box)	8300 Greensboro Driv	ve, Suite 1200	
<133>	City	Tysons		
<134>	State	VA		
<135>	Zip-Code	22102		
<136>	Telephone Number	7035848678 ext.		
		7035848696		
<137>	Fax Number	tslamowitz@fcclaw.co	Om	
<138>	Email Address	JULIANION I CENTRO COLONIA CO		

(060) Coverage and Performance Report	FCC Form 690
	Ap proved by OMB
And the second of the second o	OMB Control No. 3050-1185
	Page 3 of 8

<010>	Study Area Code	268011
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<140>	Coverage and Performance Report Year 01/2016 - 12/2016	

Coverage and Performace attachments

268011_Combined Zip Files.zip, 268011_CPRe_Propstudy_KY.zip, SAC268011_EKN Undriveable Road explanation.zip

<141>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d>></d>
				Resident Population per	Newly Reached	Total Resident Population Reached by	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
	State	County	Census Block	Census Block	by Service	Service	Вюск	Keached	Вюск	
				5	ee attach	ed worksl	neet			
		<u> </u>		<u> </u>						
			•	0	l		ſ	76		
		Population	ge of Total Reached by rvice			Percentage of Road Miles of by Servi	overed			

(070) Urb	ban Rate Comparabl	y Certification Compliance Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
<010>	Study Area Code	268011
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
		madd Clampuite

Todd Slamowitz

7035848678 ext. tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Of	fficer or Employee as to Compliance with 47 CFR §54.1009(a)(4)
I certify that I am an officer or employee of the reporting carrie form and in any attachments is accurate.	er; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be	e punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier					
certify that (Name of Agent) Lukas, LaFuria, Gutierrez & Sachs, LLP	is authorized to submit the information reported on behalf of the reporting				
carrier. I also certify that I am an officer or employee of the reporting carrier; my	responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the				
authorized agent; and, to the best of my knowledge, the reports and data provide	d to the authorized agent is accurate.				
Name of Authorized Agent: Lukas, LaFuria, Gutierrez & Sac	chs, LLP				
Name of Reporting Carrier: East Kentucky Network, LLC					
Signature of Authorized Officer or Employee: CERTIFIED ONLINE	Date: 06/13/2017				
Printed name of Authorized Officer or Employee: Michael Huffman					
Title or position of Authorized Officer or Employee: Financial Operations Dir	ector				
Telephone number of Authorized Officer or Employee: 6068747550 ext . 1164					
Study Area Code of Reporting Carrier: 268011	Filing Due Date for this form: 07/03/2017				
Persons willfully making false statements on this form can be punished by fine or for	feiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment nited States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE AUTHORIZED AGENT:

<030> Contact Name - Person USAC should contact regarding this data

<035> Contact Telephone Number - Number of person identified in data line <030>

<039> Contact Email Address - Email Address of person identified in data line <030>

Certification of Agent Author	ized to File Compliance with 47 CFR §54.1009	a)(4) on Behalf of Reporting Carrier	
l, as agent for the reporting carrier, certify that I am authodata provided by the reporting carrier; and, to the best of	orized to submit the certification on behalf of the rep	orting carrier; I have provided the data reported	herein based or
Name of Reporting Carrier:	East Kentucky Network, LLC		
Name of Authorized Agent Firm:	Lukas, LaFuria, Gutierrez & Sachs, LLP		
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE	Date: 06/12/2	017
Name of Authorized Agent Employee:	Todd Slamowitz		
Title or position of Authorized Agent or Employee of Agent	FCC Legal Counsel		
Telephone number of Authorized Agent or Employee of Ag	ent: 7035848678 ext.		
Study Area Code of Reporting Carrier: 268011	Filing Due Date for this forn	: 07/03/2017	

(80) Triba	Lands Reporting			FCC Form 690	
				Approved by OMB OMB Control No. 3060-1185	
	And the second s			Page 5 of 8	
W,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
<010>	Study Area Code		268011		
<015>	Study Area Name		East Kentucky Network, LLC		
<020>	Program Year	1	2017		
<030>	Contact Name - Person USAC should contact regarding t		Todd Slamowitz		
<035>	Contact Telephone Number - Number of person identifi Contact Email Address - Email Address of person identif		7035848678 ext.		
<039>	Contact Email Address - Email Address of person identifi	ieu iii uata iiiie <0302	tslamowitz@fcclaw.com		
<142>	State				
11427	State				
<143>	County				
<144>	Tribal Land(s) on which ETC Serves				
				Ĺ	
4.4-	T 11 1 C				
<145>	Tribal Government Engagement Obligation				
		Name of Attached Docume	ent (.paj)		
	If your company serves Tribal lands, please select (Yes,	No, Not Applicable) for			
each of these boxes to confirm the status described on the attached					
	PDF, on line 145, demonstrates coordination with the T				
	government pursuant to § 54.1004 includes:				

Select (Yes, No, Not Applicable) <146> Needs assessment and deployment planning with a focus on Tribal community anchor institutions; <147> Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; <148> <149> Compliance with Rights of way processes <150> Compliance with Land Use permitting requirements <151> **Compliance with Facilities Siting rules** <152> Compliance with Environmental Review processes Compliance with Cultural Preservation review processes <153> <154> Compliance with Tribal Business and Licensing requirements.

090) Projet	t Update Information	FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185
		Page 6 of 8
<010>	Study Area Code	268011
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	The state of the s
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<200>	Date Authorized to Receive Support	07/18/2013
<201>	Targeted Completion Date	07/19/2015
<202>	Total Mobility Fund Support Awarded	
<203>	Total Mobility Fund Support Disbursed	
<210>	Actual Completion Date	
		EKN PSD Line 211 KY.pdf
<211>	Project Status Description (attached)	ERN_PSD_Line 211_X1.pdf
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	
<213>	Status of Network Deployment - Construction	<u> </u>
<214>	Status of Network Deployment - Deployment	
<215>	Status of Network Deployment - Maintenance	<u>,</u>
<216>	Project Budget Status	<u> </u>
<217>	Project Plan Status	
721/	ajaatan atataa	
<218>	Network will Support 3G/4G Mobile Service ?) 3G

(101) Certification - Reporting Carrier Approved by OMB OMB Control No. 3060-11:	B5
Page / ot 8	

<010>	Study Area Code	268011
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: Signature of Authorized Officer: Date Printed name of Authorized Officer: Title or position of Authorized Officer: Telephone number of Authorized Officer: Filing Due Date for this form: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment

under Title 18 of the United States Code, 18 U.S.C. § 1001.

06/12/2017

Page 7

|--|

<010>	Study Area Code	268011
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier certify that (Name of Agent) Lukas, LaFuria, Gutierrez & Sachs, LLP is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. Name of Authorized Agent: Lukas, LaFuria, Gutierrez & Sachs, LLP Name of Reporting Carrier: East Kentucky Network, LLC CERTIFIED ONLINE Signature of Authorized Officer: Date: 06/13/2017 Printed name of Authorized Officer: Michael Huffman Fitle or position of Authorized Officer: Financial Operations Director Telephone number of Authorized Officer: 6068747550 ext.1164 Study Area Code of Reporting Carrier: 268011 Filing Due Date for this form: 07/03/2017 Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier					
as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on be	half of the reporting carrier; I have provided the data				
eported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information rep	orted herein is accurate.				
ame of Authorized Agent Firm: Lukas, LaFuria, Gutierrez & Sachs, LLP					
gnature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date: 06/12/2017				
ame of Authorized Agent Employee: Lukas, LaFuria, Gutierrez & Sachs, LLP					
tle or position of Authorized Agent or Employee of Agent FCC Legal Counsel					
elephone number of Authorized Agent or Employee of Agent: 7035848678 ext.					
tudy Area Code of Reporting Carrier: 268011 Filing Due Date for this form:	07/03/2017				

Attachments

FCC Form 690 Approved by OMB OMB Control No. 3050-1185

<010>	Study Area Code	268011
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<140>	Coverage and Performance Report Year	01/2016 - 12/2016

<141>

<31>	<a2></a2>	CB3 2	di>	462>	493 >	<c1></c1>	<c2×< th=""><th><c3< b="">></c3<></th><th><d><</d></th></c2×<>	<c3< b="">></c3<>	<d><</d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
KY	Letcher	T21133950100	0	0	0	53.42	40.6	40.6	Yes
	 								
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-			<u> </u>						
							-		

Percentage of Total Population Reached by Service

0		
•		
		i

Percentage of Total Road Miles covered by Service

_	
76	

East Kentucky Network, LLC

Project Status Description

Pursuant to Section 54.1009(a)(6) of the Commission's rules, ¹ East Kentucky Network, LLC ("EKN") submits that there is no material updates to its project description, included the projected budget, associated with this Study Area Code ("SAC") that was provided by EKN in its long-form application (the "FCC Form 680") filed in conjunction with its Auction 901 winning bids.

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	Fund §54,1009 Annual Reporting lection Form		Avg. Burde	FCC Form Approved by OMB OMB 3060-1185 In Estimate per Respondent: 18 Hours
		268012		
	Study Area Name	East Kentucky Network, LLC		Accepted / Filed
<020>	Program Year	2017		JUN 14 2017
	Contact Name: Person USAC should contact with questions about this data	Todd Slamowitz		Federal Communicatione Commission Office of the Secretary
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7035848678 ext.		The decire way
<039>	Contact Email: Email of the person identified in data line <030>	tslamowitz@fcclaw.com		
<040>	Has the information required pursuant to §54.1009 <041> Attach a description of the documents fi		(041>	•
	<042> Cite the Study Area Code (SAC) for the Fo	orm 481 reporting	<042>	
<080	> Tribal Lands Reporting (y/n?) (Does this study area co	over tribal lands? Yes or No)	0	•

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carri	er Contact Form			FCC Form 690 Approved by OM8
				OMB Control No. 3060-1185
				Page 2 of 8
	iki 1989-1994 (1994-1994) ili ali ali ali ali ali ali ali ali ali			
<010>	Study Area Code		268012	
<015>	Study Area Name		East Kentucky Network, LLC	
<020>	Program Year	this data	2017	
<030>	Contact Name - Person USAC should contact regarding Contact Telephone Number - Number of person identif	ied in data line <030>	Todd Slamowitz 7035848678 ext.	
<035> <039>	Contact Telephone Number - Number of person identification of person id	fied in data line <030>	tslamowitz@fcclaw.com	
(0332	Contact Entail Address Entail Address Contact			
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	1786607		
<111>	Filing Carrier Name	East Kentucky Netwo	ork, LLC	
<112>	Winning Bidder Carrier Name	East Kentucky Netwo	ork, LLC	
<113>	Street Address (or PO Box)	101 Technology Trai	1	
<114>	City	Ivel		
<115>	State	ку		
<116>	Zip-Code	41642	-	
<117>	Telephone Number	6068747550 ext.		
<118>	Fax Number			
<119>	Email Address	6067912225		
1113		mhuffman@ekn.com		
Contact Ir	nformation			
	if same as above, indicate in this box	•		
<120>	Name (First, MI, Last, Suffix)	Michael Huffman		
<121>	Filing Carrier Name	East Kentucky Netwo	rk, LLC	
<122>	Street Address (or PO Box)	101 Technology Trai	1	
<123>	City	Ivel		
<124>	State	ку		
<125>	Zip-Code	41642		
<126>	Telephone Number	6068747550 ext.		
<127>	Fax Number	6067912225		
<128>	Email Address	tslamowitz@fcclaw.c	com	
<u>Authorize</u>	ed Agent Information			
	if no agent, indicate in this box	J 		
<130>	Name (First, MI, Last, Suffix)	Todd Slamowitz	Cooks IID	
<131>	Company		cierrez & Sachs, LLP	
<132>	Street Address (or PO Box)	8300 Greensboro Dri	e, Suite 1200	
<133>	City	Tysons		
<134>	State	VA		
<135>	Zip-Code	22102		· · · · · · · · · · · · · · · · · · ·
<136>	Telephone Number	7035848678 ext.		
<137>	Fax Number	7035848696		
<138>	Fmail Address	tslamowitz@fcclaw.c	com	

	FCC Form 690
(060) Coverage and Performance Report	
	Ap proved by OMB
	OMB Control No. 3060-1185
	Page 3 of 8

<010>	Study Area Code	268012
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<140>	Coverage and Performance Report Year 01/2016 - 12/2016	

Coverage and Performace attachments

<141> Total **Certify that** Road Road Road Miles per Miles Coverage and Performance data covered Resident Total Resident Miles Census is uploaded Block per Population Population per Resident (Yes/no) Newly Reached Reached by Newly Census Population per Census Reached Block Census Block Census Block by Service Service Block County State -- See attached worksheet

Ō		•	85
Percentage of Total		Percentage of Total	
Population Reached by	İ	Road Miles covered	i
Service		by Service	

70) Urban Rate Comparability Certification Compl		
. At Armen have combarability Cathuration Combi	lance	FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185
	Manual (1931-1941) (1941-1944) (1941-1941) (1941-1941) (1941-1941) (1941-1941) (1941-1941)	Page 4 of 8

<010>	Study Area Code	268012
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	
	1 300	TO THE TOTAL COMMENT OF THE TO

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance w	with 47 CFR §54.1009(a)(4)
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring com form and in any attachments is accurate.	pliance with 47 CFR §54.1009(a)(4), the information reported on this
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier: Filing Due Date for this	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Commun under Title 18 of the United States Code, 18 U.S.C	ications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

carrier. I also certify that I am an officer or employee of the repo authorized agent; and, to the best of my knowledge, the reports	orting carrier: my responsibilities include ensuring compliance with 47 CFR 254 (1997)
Name of Authorized Agent: Lukas, LaFuria,	Gutierrez & Sachs, LLP
Name of Reporting Carrier: East Kentucky N	
Signature of Authorized Officer or Employee: CERTIFIED ONLIN	B Contraction of the Contraction
Printed name of Authorized Officer or Employee: Michael Hus	fman Date: 06/13/2017
T'ele annual de la companya de la co	Operations Director
Tolophone work with a stage	50 ext.1164
Study Area Code of Reporting Carrier: 268012	Filing Due Date for this form: 07/03/2017
Persons willfully making false statements on this form can be pur und	ished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment ler Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authoriz	ted to File Compliance with 47 CFR §54.1	1009(a)(4) on Behalf of Reporting Carrier
l, as agent for the reporting carrier, certify that I am author data provided by the reporting carrier; and, to the best of n	ized to submit the certification on behalf of the ny knowledge, the information reported herein	e reporting carrier; I have provided the data reported herein based on n is accurate.
Name of Reporting Carrier:	East Kentucky Network, LLC	
Name of Authorized Agent Firm:	Lukas, LaFuria, Gutierrez & Sachs, LL	
signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE	
Name of Authorized Agent Employee:	Todd Slamowitz	Date: 06/12/2017
itle or position of Authorized Agent or Employee of Agent	FCC Legal Counsel	
elephone number of Authorized Agent or Employee of Ager	t: 7035848678 ext.	
tudy Area Code of Reporting Carrier: 268012	Filing Due Date for this	s form: 07/03/2017

(V8Q) Trib	al Lands Reporting			FCC Form 690 Approved by OMB
			113313145	Approved by OMB OMB Control No. 3060-1185
				Page 5 of 8
<010>	Study Area Code		268012	
<015>	Study Area Name		East Kentucky Net	work, LLC
<020>	Program Year		2017	
<035>	Contact Name - Person USAC should contact regarding Contact Telephone Number - Number of person identif		Todd Slamowitz	
<039>	Contact Email Address - Email Address of person identifi	ied in data line	<pre>7030> 7035848678 ext. </pre>	
-1.42-			CSIAMOWICZGICCIAW	, com
<142>	State			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
4.45	7.1.10			
<145>	Tribal Government Engagement Obligation	A	12	
		Name of Attached	Document (.pdf)	
	If your company serves Tribal lands, please select (Yes, N	lo, Not Applicab	le) for	
	each of these boxes to confirm the status described on t			
	PDF, on line 145, demonstrates coordination with the Ti government pursuant to § 54.1004 includes:	ribal		
	government paradont to \$ 54.1004 includes.			
			Select	
			(Yes, No, Not Applicable)	
<146>	Needs assessment and deployment planning with a focu	ıs on Tribal		
.4.47.	community anchor institutions;			
<147> <148>	Feasibility and sustainability planning;			
	Marketing services in a culturally sensitive manner;			
<149>	Compliance with Rights of way processes			
<150>	Compliance with Land Use permitting requirements			
<151>	Compliance with Facilities Siting rules			
<152>	Compliance with Environmental Review processes			
<153>	Compliance with Cultural Preservation review processes			
<154>	Compliance with Tribal Business and Licensing requireme	ents.		

090) Projeci	Update information	FCC Form 690 Approved by OMB.*
		OMB Control No. 3060-1185
		Page 6 of 8
<010>	Study Area Code	268012
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<200>	Date Authorized to Receive Support	07/18/2013
<201>	Targeted Completion Date	07/19/2016
<202>	Total Mobility Fund Support Awarded	
<203>	Total Mobility Fund Support Disbursed	
-240		
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	EKN_PSD_Line 211_KY.pdf
		(1)
	Please check these boxes below to confirm that the attached PDF, on line	{Name of PDF attached}
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	
<213>	Status of Network Deployment - Network Design Status of Network Deployment - Construction	
<214>	Status of Network Deployment - Construction Status of Network Deployment - Deployment	
<215>	Status of Network Deployment - Deployment Status of Network Deployment - Maintenance	/
<216>	Project Budget Status	-
<217>	Project Plan Status	- '
-21/	roject iun status	
<218>	Network will Support 3G/4G Mobile Service ?) 3G () 4G

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HU.FI	um 090
101) Certification - Reporting Carrier	31.000
Appro	oved by OMB
OMB -	Control No. 3060-1185
Page	/ OT 8

.010:	Churchy Area Code	268012
<010>	Study Area Code	East Kentucky Network, LLC
<015>	Study Area Name	
<020>	Program Year	2017
10205	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<030>	Contact Name - Ferson OsAc should contact regarding data line (020)	7035848678 ext.
<035>	Contact Telephone Number - Number of person identified in data line <030>	
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

O BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:			
Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients			
certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the person of the reporting requirements for Mobility Fund recipients; and, to the person of the reporting requirements for Mobility Fund recipients; and, to the person of the reporting requirements for Mobility Fund recipients; and, to the reporting requirements for Mobility Fund recipients; and, to the reporting requirements for Mobility Fund recipients; and, to the reporting requirements for Mobility Fund recipients; and, to the reporting requirements for Mobility Fund recipients; and, to the reporting requirements for Mobility Fund recipients; and, to the reporting requirements for Mobility Fund recipients; and, to the reporting requirements for Mobility Fund recipients; and recipients for mobility Fund recipients.			
,			
Name of Reporting Carrier:			
Signature of Authorized Officer:	Date		
Printed name of Authorized Officer:			
Title or position of Authorized Officer:			
Telephone number of Authorized Officer:			
relephone number of ridulotted of their			
Study Area Code of Reporting Carrier:	Filing Due Date for this form:		
Persons willfully making false statements on this form ca	an be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.		

(102) Cer	tification - Agent / Carriet	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 8 of 8
<010>	Study Area Code	268012
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
	2020 - 10 44 - 5 - 14 4 days of passen identified in data line <0.20	tological and the second

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

<039> Contact Email Address - Email Address of person identified in data line <030> tslamowitz@fcclaw.com

te: 06/13/2017
-

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Re	porting Carrier
as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf eported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reporte	of the reporting carrier; I have provided the data and defense in is accurate.
lame of Reporting Carrier: East Kentucky Network, LLC	
lame of Authorized Agent Firm: Lukas, LaPuria, Gutierrez & Sachs, LLP	
ignature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date: 06/12/2017
Name of Authorized Agent Employee: Lukas, LaFuria, Gutierrez & Sachs, LLP	
Title or position of Authorized Agent or Employee of Agent FCC Legal Counsel	
elephone number of Authorized Agent or Employee of Agent: 7035848678 ext.	
	/03/2017

Attachments

<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	268012
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<140>	Coverage and Performance Report Year	01/2016 - 12/2016

Certify that **Total Road** Coverage and **Road Miles** Resident **Total Resident** Miles Performacne per Census **Road Miles** Population Population covered per Resident data is uploaded per Census **Block Newly Newly Reached** Reached by **Census Block** Population per (yes/no) by Service Reached Service Block County Magoffin Census Block State Census Block T21153970300 Yes 54.04 0 0 54.04 63.58 KY

> Percentage of Total Population Reached by Service

0		
		1

Percentage of Total Road Miles covered by Service

5			

East Kentucky Network, LLC

Project Status Description

Pursuant to Section 54.1009(a)(6) of the Commission's rules, ¹ East Kentucky Network, LLC ("EKN") submits that there is no material updates to its project description, included the projected budget, associated with this Study Area Code ("SAC") that was provided by EKN in its long-form application (the "FCC Form 680") filed in conjunction with its Auction 901 winning bids.

To date, EKN has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).

	§54.1009 Annual Reporting		Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
	ection Form Study Area Code	268013	Accepted / File
		East Kentucky Network, LLC	Accepted / Filed
	Study Area Name	2017	JUN 1 4 2017
	Program Year Contact Name: Person USAC should contact with questions about this data	Todd Slamowitz	Federal Communications Commission Office of the Secretary
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7035848678 ext.	
<039>	Contact Email: Email of the person identified in data line <030>	tslamowitz@fcclaw.com	
<040>	to 65/ 1005	iled with the Form 481 reporting	<041>
<080>	Tribal Lands Reporting (y/n?) (Does this study area or	over tribal lands? Yes or No)	\circ

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carri	er Contact Form			Approved by OMB
				OMB Control No. 3060-1185 Page 2 of 8
				7965/44//2
	St. du Augus Codo		268013	
<010> <015>	Study Area Name		East Kentucky Network, LLC	
<020>	Program Year		2017	
<030>	Contact Name - Person USAC should contact regarding th	nis data	Todd Slamowitz	
<035>	Contact Telephone Number - Number of person identifie	ed in data line <030>	7035848678 ext.	
<039>	Contact Email Address - Email Address of person identifi	ed in data line <0302	tslamowitz@fcclaw.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	1786607		
<111>	Filing Carrier Name	East Kentucky Netwo	rk, LLC	
<112>	Winning Bidder Carrier Name	East Kentucky Netwo	ork, LLC	
<113>	Street Address (or PO Box)	101 Technology Trai	1	
<114>	City	Ivey		
<115>	State	ку		
<116>	Zip-Code	41642		
<117>	Telephone Number	6068747550 ext.		
<118>	Fax Number	6067912225		
<119>	Email Address	mhuffman@ekn.com		
Contact I	<u>iformation</u>			
Contact ii	if same as above, indicate in this box			
<120>	Name (First, MI, Last, Suffix)	Michael Huffman		
<121>	Filing Carrier Name	East Kentucky Netwo	ork, LLC	
<122>	Street Address (or PO Box)	101 Technology Trai	il	
<123>	City	Ivey		
<124>	State	ку		
<125>	Zip-Code	41642		
<126>	Telephone Number	6068747550 ext.		
<127>	Fax Number	6067912225		
<128>	Email Address	mhuffman@ekn.com		
<u>Authoriz</u>	ed Agent Information			
	if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)	Todd Slamowitz	tierrez & Sachs, LLP	
<131>		8300 Greensboro Dri		
<132>	Street Address (or PO Box)	8300 Greensboro Dr.	ive, suite 1200	
<133>	City	Tysons		
<134>	State	VA		
<135>	Zip-Code	22102		
<136>	Telephone Number	7035848678 ext.		
<137>	Fax Number	7035848696		
<138>	Email Address	tslamowitz@fcclaw.	COM	

FCC Form 690

<010>	Study Area Code	268013
	Study Area Name	East Kentucky Network, LLC
<015>	Program Year	2017
<020>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<030>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<035>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<039>	Contact Email Address - Email Address of person identified in detailed	
<140>	Coverage and Performance Report Year 01/2016 - 12/2016	

-268013_Coverage Files-1.zip, -Undriveable Roads-2.zip

Coverage and Performace attachments

<141>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<01>	<e2></e2>	<c3></c3>	<d>></d>
CIAIN	State	County		Resident Population per		Total Resident Population Reached by	per Census		Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
				(ee attach	ed works	heet_	ļ		
									ļ	
								 		
			<u> </u>				 			
							<u> </u>		 	
	1	ŀ	1							

]	0		80
Percentage of Total Population Reached by Service		Percentage of Total Road Miles covered by Service	

(070) Urban	Rate Comparability Certification Compliance	FCC Form 690. Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
<010> St	udy Area Code	268013 East Kentucky Network, LLC
<015> St	udy Area Name	2017

2017

Todd Slamowitz

7035848678 ext. tslamowitz@fcclaw.com

<035> Contact Telephone Number - Number of person identified in data line <030> <039> Contact Email Address - Email Address of person identified in data line <030> TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of	of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)
I certify that I am an officer or employee of the reporting form and in any attachments is accurate.	carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
	can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.100	09(a)(4) on Behalf of Reporting Carrier
I certify that (Name of Agent) <u>Lukas</u> , <u>LaFuria</u> , <u>Gutierrez & Sachs</u> , <u>LLP</u> is authorized to submit the carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compauthorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	e information reported on behalf of the reporting
Name of Authorized Agent: Lukas, LaFuria, Gutierrez & Sachs, LLP	
Name of Reporting Carrier: East Kentucky Network, LLC Signature of Authorized Officer or Employee: CERTIFIED ONLINE	Date: 06/13/2017
Printed name of Authorized Officer or Employee: Michael Huffman	
Title or position of Authorized Officer or Employee: Financial Operations Director	
Telephone number of Authorized Officer or Employee: 6068747550 ext.1164	
Study Area Code of Reporting Carrier: 268013 Filing Due Date for this form: 07/03/	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 193 under Title 18 of the United States Code, 18 U.S.C. § 1001.	34, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment

TO BE COMPLETED BY THE AUTHORIZED AGENT:

<020>

Program Year

<030> Contact Name - Person USAC should contact regarding this data

, as agent for the reporting carrier, certify that I am auth	orized to submit the certification on behalf of the reporting f my knowledge, the information reported herein is accurat	; carrier; I have provided the data reported herein based o te.
Name of Reporting Carrier:	East Kentucky Network, LLC	
Name of Authorized Agent Firm:	Lukas, LaFuria, Gutierrez & Sachs, LLP	
ignature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE	Date: 06/12/2017
Name of Authorized Agent Employee:	Todd Slamowitz	
Title or position of Authorized Agent or Employee of Agen	t FCC Legal Counsel	
Telephone number of Authorized Agent or Employee of A	gent: 7035848678 ext.	
Study Area Code of Reporting Carrier: 268013	Filing Due Date for this form:	07/03/2017

ngol Telkal	Lands Reporting			FCC Form 690
CV) TING				Approved by OMB
				OMB Control No. 3060-1185
				Page 5 of 8
			268013	
<010>	Study Area Code Study Area Name		East Kentucky Network, LLC	
<015> <020>	Program Year		2017	
<030>	Contact Name - Person USAC should contact regarding t	his data	Todd Slamowitz	
<035>	Contact Telephone Number - Number of person identifie	ed in data line <030	7035848678 ext.	
<039>	Contact Email Address - Email Address of person identifi	ed in data line <030	> tslamowitz@fcclaw.com	
-1425	State			
<142>	State			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation			
		Name of Attached Do	cument (.pdf)	
			-	
	If your company serves Tribal lands, please select (Yes,	No, Not Applicable)	for	
	each of these boxes to confirm the status described on PDF, on line 145, demonstrates coordination with the	tne attacned		
	government pursuant to § 54.1004 includes:	TTIBUI		
	government pursuant to 3 o 11200 v 1100 and 1			
		_		
			Select	
			(Yes, No, Not Applicable)	
<146>		ocus on Tribal		
	community anchor institutions;	 		
<147>		 		
<148>	Marketing services in a culturally sensitive manner;	ļ		
<149>	Compliance with Rights of way processes			
<150>	Compliance with Land Use permitting requirements			
<151>				
		ł		
<152>	Combigues with chanolinental vegless brocesses			

Compliance with Cultural Preservation review processes

Compliance with Tribal Business and Licensing requirements.

<153>

<154>

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FCC Form 690

Approved by OMB

OMB Control No. 3060-1185

Page 6 of 8

<010>	Study Area Code	268013
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<200>	Date Authorized to Receive Support	07/18/2013
<201>	Targeted Completion Date	07/19/2016
<202>	Total Mobility Fund Support Awarded	
<203>	Total Mobility Fund Support Disbursed	
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	EKN_PSD_Line 211_KY.pdf
	,	
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	✓
<213>	Status of Network Deployment - Construction	✓
<214>	Status of Network Deployment - Deployment	✓
<215>	Status of Network Deployment - Maintenance	✓
<216>	Project Budget Status	✓
<217>	Project Plan Status	✓
	,	
<218>	Network will Support 3G/4G Mobile Service ?) 3G (4G

	(101) Certification - Reporting Carrier	FGC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 7 of 8
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<010>	Study Area Code	268013
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier:

Signature of Authorized Officer:

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier: Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Date

<010>	Study Area Code	268013
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier certify that (Name of Agent) Lukas, LaFuria, Gutierrez & Sachs, LLP is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. Name of Authorized Agent: Lukas, LaFuria, Gutierrez & Sachs, LLP Name of Reporting Carrier: East Kentucky Network, LLC CERTIFIED ONLINE Signature of Authorized Officer: Date: 06/13/2017 Printed name of Authorized Officer: Michael Huffman Title or position of Authorized Officer: Financial Operations Director Telephone number of Authorized Officer: 6068747550 ext.1164 Study Area Code of Reporting Carrier: 268013 Filing Due Date for this form: 07/03/2017 Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier						
I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients o	n behalf of the reporting carrier; I have provided the data					
reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information Name of Reporting Carrier: East Kentucky Network, LLC						
Name of Authorized Agent Firm: Lukas, LaFuria, Gutierrez & Sachs, LLP						
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date: 06/12/2017					
Name of Authorized Agent Employee: Lukas, LaFuria, Gutierrez & Sachs, LLP						
Title or position of Authorized Agent or Employee of Agent FCC Legal Counsel						
Telephone number of Authorized Agent or Employee of Agent: 7035848678 ext.						
Study Area Code of Reporting Carrier: 268013 Filing Due Date for this form:	07/03/2017					
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications A 18 of the United States Code, 18 U.S.C. § 1001.	Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title					

Attachments

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	268013
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<140>	Coverage and Performance Report Year	01/2016 - 12/2016

<141>

<a1></a1>	<=2>	439	chis	<b2></b2>	 b3>	<c1></c1>			
						55.945/miles	**************************************	<c3> · · ·</c3>	<d>>d></d>
State	County Magoffin	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
ку	Magorrin	T21153970400	0	0	0	46.0	36.8	36.8	Yes
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Percentage of Total Population Reached by Service

0			

Percentage of Total Road Miles covered by Service

80		

East Kentucky Network, LLC

Project Status Description

Pursuant to Section 54.1009(a)(6) of the Commission's rules, ¹ East Kentucky Network, LLC ("EKN") submits that there is no material updates to its project description, included the projected budget, associated with this Study Area Code ("SAC") that was provided by EKN in its long-form application (the "FCC Form 680") filed in conjunction with its Auction 901 winning bids.

To date, EKN has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).

	Fund §54.1009 Annual Reporting ection Form		Avg. Burde	Approved by OMB OMB 3060-1185 n Estimate per Respondent: 18 Hours
	Study Area Code	268014		
	Study Area Name	East Kentucky Network, LLC		Accepted / Filed
	Program Year	2017		JUN 14 2017
<030>	Contact Name: Person USAC should contact with questions about this data	Todd Slamowitz		Federal Communications Commission Office of the Secretary
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7035848678 ext.		
<039>	Contact Email: Email of the person identified in data line <030>	tslamowitz@fcclaw.com		
	restatus selves est remaille mandalismos al matematica se em se imperior de sensione em a mandalismos em em se	rikseltine. Het milliotselliksellistellistellistellistellistellistellistellistellistellistellistellistellistel		The Constitution of the State St
<040>	Has the information required pursuant to §54.1009 <041> Attach a description of the documents fil		<040> O	•
	<042> Cite the Study Area Code (SAC) for the Fo	orm 481 reporting	<042>	
<080>	Tribal Lands Reporting (y/n?) (Does this study area co	ver tribal lands? Yes or No)	0	•

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carri	er Contact Form			FULL FORM 090
				Approved by OMB
				OMB Control No. 3060-1185 Page 2 of 8
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			268014	
<010>	Study Area Code		East Kentucky Network, LLC	
<015>	Study Area Name		2017	
<020>	Program Year Contact Name - Person USAC should contact regarding the	his data	Todd Slamowitz	
<030>	Contact Telephone Number - Number of person identifie	ed in data line <030>	7035848678 ext.	
<035> <039>	Contact Feephone Number Vermoer Contact Email Address - Email Address of person identifi	ed in data line <030>	tslamowitz@fcclaw.com	
				
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	1786607		
<111>	Filing Carrier Name	East Kentucky Netwo	rk, LLC	
<112>	Winning Bidder Carrier Name	East Kentucky Netwo	rk, LLC	
<113>	Street Address (or PO Box)	101 Technology Trai	1	
		īvel		
<114>	City	KY		
<115>	State			
<116>	Zip-Code	41642		
<117>	Telephone Number	6068747550 ext.		
<118>	Fax Number	6067912225		
<119>	Email Address	mhuffman@ekn.com		
Contact li	nformation			
Contacti	if same as above, indicate in this box			
<120>	Name (First, MI, Last, Suffix)	Michael Huffman		
<121>	Filing Carrier Name	East Kentucky Netwo	ork, LLC	
	Street Address (or PO Box)			
<122>		101 Technology Trai		
<123>	City	Ivel		
<124>	State	ку		
<125>	Zip-Code	41642		
<126>	Telephone Number	6068747550 ext.		
<127>	Fax Number	6067912225		
<128>	Email Address	mhuffman@ekn.com		
			•	
<u>Authoriz</u>	ed Agent Information			
	if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)	Todd Slamowitz		
<131>	Company	Lukas, LaFuria, Gut	ierrez & Sachs, LLC	
<132>	Street Address (or PO Box)	8300 Greensboro Dri	ive, Suite 1200	
<133>		Tysons		
<134>		VA		
		22102		
<135>		7035848678 ext.		
<136>	·			
<137>	Fax Number	7035848696	COM	
<138>	Email Address	tslamowitz@fcclaw.	COII	

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(060) Coverage and Performance Repo		FCC Form 690
		Ap proved by OMB
		OMB Control No. 3060-1185
		2-1-2-50
		Page 3 of 8
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<010>	Study Area Code	268014
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<140>	Coverage and Performance Report Year 01/2016 - 12/2016	

-268014_FILES-1.zip, -Undriveable Roads-2.zip

Coverage and Performace attachments

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State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
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			(see attach	ed works	heet			
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	-	<u> </u>					<u> </u>		
	<u> </u>								

•	0		78
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	